




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



Eligibility Operations Memo 04-12  
November 1, 2004

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Deputy Director, MassHealth Operations 

RE: **Uncompensated Care Pool (UCP) Program – Eligibility Determination by MassHealth for the Health Care Reform (HCR) Population**

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## Introduction

The Uncompensated Care Pool (UCP), sometimes known as “free care,” is administered by the Division of Health Care Finance and Policy (DHCFP) under Massachusetts state law, M.G.L. c. 118G. The UCP pays for medically necessary services for low-income uninsured and underinsured\* Massachusetts residents by providing participating providers reimbursement for certain services that are permissible under UCP rules. The services available for reimbursement must be provided by “acute hospitals” (“hospitals”) or “community health centers” (CHCs) (also jointly referred to in this memo as “providers” or “UCP providers”) in Massachusetts. (Acute hospitals and community health centers are defined by the DHCFP in the UCP regulations at 114.6 CMR 12.00 et seq.) Private physicians, specialists, independent care groups, and independent laboratory fees are NOT reimbursed through the UCP.

UCP rules require providers to access all other sources of funding that may pay for all or part of the patient’s medical-care expenses. Providers must screen all UCP patients (“applicants”) for potential eligibility for other programs, including MassHealth (which includes the Children’s Medical Security Plan (CMSP) and Healthy Start Program (HSP)), and must assist applicants in applying for these benefits.

Persons who qualify for UCP may be eligible for either “full” UCP or “partial” UCP benefits depending on the individual’s family income. With “full” benefits, there is no deductible; with “partial” benefits, an annual UCP-deductible is assessed.

*\*Underinsured: UCP regulations at 114.6 CMR 12.00 et seq. specify that UCP benefits may be available as a “wrap” benefit to eligible UCP individuals or families (low-income patients) who have health insurance. UCP may cover deductibles, copays, and permissible services or procedures that the individual’s health insurance does not cover. However, beginning October 1, 2004, the UCP*

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**Introduction**  
(cont.)

*"wrap" benefit no longer includes MassHealth copays or MassHealth deductibles incurred by MassHealth members. The UCP benefit does, however, continue to include copays and deductibles for private insurance incurred by MassHealth members.*

Until MassHealth's current involvement, providers screened prospective UCP applicants, and either submitted applications for MassHealth benefits to MassHealth for persons with potential MassHealth eligibility, or processed UCP applications directly through DHCFF for persons potentially ineligible for MassHealth benefits.

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**UCP Eligibility Determination by MassHealth through MA21 for HCR Only**

The Massachusetts state legislature has mandated that applicants for UCP must be screened for MassHealth eligibility before an eligibility determination for UCP can be made. This process began October 1, 2004, for those under the age of 65 in the HCR population. MassHealth (via MA21) will be the portal through which this population may apply for assistance from the Uncompensated Care Pool in Massachusetts.

**UCP Application Process at the Provider Site**

Massachusetts hospital and CHC providers will either: (1) continue to file the paper Medical Benefit Request (MBR); or (2) process UCP applications through the Virtual Gateway (VG), where available. Since transition to the VG system will be implemented at provider sites gradually over time, hospital and CHC providers that either are not yet linked to the VG or that are in their "VG 60-day transition period", may, alternatively, continue to use their existing UCP "electronic desktop" application process during the VG transition. (Note: The providers' UCP electronic desktop application process renders only a UCP eligibility determination. No MassHealth eligibility determination is performed because the application for UCP is processed directly and entirely through the DHCFF instead of through MA21.)

**Processing MBRs for MassHealth and/or for UCP**

Applications do not necessarily need to be submitted solely by UCP providers to be considered for UCP eligibility. All MBRs received by MassHealth will be subject to the new MassHealth eligibility logic, which additionally might result in a UCP eligibility determination. However, in order for MA21 to perform the UCP eligibility determination, all required verifications for MassHealth (including income, third party recovery (TPR), and signature) must have been submitted.

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**UCP Eligibility  
Determination  
by MassHealth  
through MA21  
for HCR Only**  
(cont.)

Applicants will be provided with the most comprehensive health-care benefit for which he or she may be eligible (according to the MassHealth hierarchy of benefits). Individuals do not necessarily need to be either ineligible for MassHealth altogether or eligible only for a non-comprehensive MassHealth benefit to become eligible for UCP (or UCP “wrap”) benefits. All MassHealth members who receive services at Massachusetts hospitals or CHCs will be provided with the UCP wrap benefit for UCP-permissible services that are not covered by MassHealth (or other health insurance), **if otherwise eligible for UCP**.

Additionally, in the following situations where MassHealth benefits are not being issued, UCP benefits will be provided, **if otherwise eligible for UCP**.

- When MassHealth eligibility is pending due to a reported potential disability: income must be less than or equal to 400% of the federal poverty level (FPL), and all required verifications must have been submitted. UCP benefits are provided temporarily during the “Disability Determination Unit (DDU)-pend” period, which begins when the MassHealth Disability Supplement is sent to the applicant. Please note the following.
  - If any required verifications are still outstanding when the completed disability supplement is submitted to the Disability Evaluation Services (DES), the individual is not eligible for the DDU-pend UCP component.
  - If, however, the individual in the above situation later submits all outstanding required verifications while the case is still in DDU-pend status, the DDU-pend UCP benefit is then provided for the DDU-pend period.
- When Emergency Aid to the Elderly, Disabled and Children (EAEDC) medical-only benefits (through the Department of Transitional Assistance (DTA)) are being received (with no accompanying MassHealth managed care component): UCP wrap benefits are provided for UCP-permissible services that are not covered under the EAEDC medical-only benefit.

**MassHealth Role and Responsibility**

MassHealth is the “agent” responsible for processing the UCP eligibility determinations (including issuing systems-generated eligibility notices) through MA21 for UCP applicants and UCP-eligible individuals. (The DHCFP prefers the use of the term “UCP-eligible individual” instead of “UCP member” in referencing individuals or families who have been approved for UCP benefits.) These MassHealth responsibilities are very

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**UCP Eligibility  
Determination  
by MassHealth  
through MA21  
for HCR Only**  
(cont.)

narrow in scope and concern UCP eligibility determinations when made through MA21 only. MassHealth is responsible only for:

- processing UCP eligibility determinations at intake;
- verifying family income, and other information concerning the MassHealth portion of the eligibility determination;
- providing a brief explanation of UCP, (only if specifically requested – *details about this information are available through the Training Unit*);
- performing periodic UCP eligibility reviews and case maintenance activities through MA21; and
- addressing fair hearing requests through the Board of Hearings (BOH), concerning only issues related to the MassHealth portion of the eligibility determination.

MassHealth involvement in the UCP eligibility determination process results in no change in the current MassHealth Permission to Share Information/Eligibility Representative Designation process.

**Although MassHealth has a “relationship” with the UCP Program, it is important to note that UCP is neither a MassHealth program nor a MassHealth coverage type.**

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**The DHCFP or  
Hospital/CHC  
Role and  
Responsibility**

The DHCFP continues to administer UCP and has full responsibility for promulgating, interpreting, enacting, and making any changes to UCP regulations and policy, and for addressing all other UCP issues, whether or not case-specific. Please note: For the HCR population, the DHCFP has been provided with read-only access to MassHealth MA21 screens to be able to fulfill its UCP responsibilities. Responsibilities include, but are not limited to, the following.

- Explaining the UCP program to applicants, UCP-eligible individuals, and others, including explaining how to access UCP-permissible services.
  - Posting or otherwise making readily available to patients (potential UCP applicants) information advising that the provider is a UCP provider.
  - Handling issues regarding the UCP portion of the eligibility determination.
  - In response to inquiries, verifying family income, and other information, that is available on MA21 and used in the UCP eligibility determination process.
  - Providing detailed UCP information, including the difference between full and partial UCP reimbursement, the meaning, assessment, and calculation of the UCP annual deductible, and how individuals or families may track and meet it.
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**The DHCFP or  
Hospital/CHC  
Role and  
Responsibility  
(cont.)**

- Providing information and referrals for “medical hardship” eligibility and processing applications for medical hardship.
- Describing UCP-permissible services or procedures, including any copay requirement.
- Explaining the UCP wrap benefit.
- Handling issues relating to the payment (or nonpayment) of services and the patient’s liability for payment of services.
- Handling complaints or problems concerning UCP providers.
- Handling requests for the UCP six-month retroactive provision of UCP benefits for reimbursement of UCP services.

**DHCFP Role and Responsibilities Concerning the non-HCR  
Population (Traditional Population)**

DHCFP remains responsible for all activities concerning UCP applications and UCP eligibility determinations for the non-HCR population. Hospital and CHC providers will continue to process UCP applications through DHCFP for the following.

- Persons aged 65 or older, and other applicants for MassHealth that are not processed through MA21.
- All persons applying for “medical hardship” (pursuant to UCP regulations at 114.6 CMR 12.05).

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**UCP Requirements –  
Brief Overview of  
Eligibility and  
Related UCP  
Processing  
Information**

Eligibility requirements for UCP are found at DHCFP regulations at 114.6 CMR 10.00 et seq. and 12.00 et seq. The following is an abbreviated list of the general rules for UCP eligibility and other UCP-related information. As MassHealth workers will be performing UCP eligibility activities (using MA21), the following information is provided for informational purposes.

- **Residence** – Individuals must be Massachusetts residents. (In the determination of eligibility for UCP through MA21, UCP rules for residence follow established MassHealth/MA21 residence rules.)
- **Income** – To qualify for full UCP reimbursement, the individual’s family\* income must be less than or equal to 200% FPL, and for partial UCP reimbursement (UCP annual deductible), income must be greater than 200% FPL and less than or equal to 400% FPL. Persons with income greater than 400% FPL are not eligible for UCP. (However, persons at any income level who have the qualifying amount of medical expenses as determined by DHCFP, may be eligible for “medical hardship” through DHCFP.)

*\*Family – Because MA21 funnels eligibility for UCP first through MassHealth eligibility rules, UCP applicants and UCP-eligible individuals*

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**UCP Requirements –  
Brief Overview of  
Eligibility and  
Related UCP  
Processing  
Information**  
(cont.)

*must adhere to HCR family group classifications in the determination of eligibility for UCP benefits.*

- **Health Insurance** – Individuals must either have no health insurance coverage or must be underinsured. UCP provides “wrap” benefits to UCP members who have other health insurance (including individuals with MassHealth, CMSP, HSP, or EAEDC medical-only benefits). (See previous references in this memo to “Underinsured” and “UCP wrap”.) MassHealth copays and deductibles remain the responsibility of UCP-eligible individuals who are also MassHealth members.
- **Duration of Eligibility** – UCP duration of eligibility is subject to MassHealth continuing eligibility rules.
- **Retroactive Benefits** – UCP eligibility is provided using the HCR-related 10-day retroactive benefit. (However, UCP providers may be able to receive reimbursement from the state for services rendered to UCP-eligible individuals for dates-of-service up to six months before the UCP application date. The processing of this benefit, including identifying the retro period, is handled in its entirety by the UCP provider and not by MassHealth or through MA21.)
- **Verifications** – Applications for UCP benefits are subject to the existing verification process used under MassHealth HCR rules. Also, in reference to verification of income, if earned income, for example, cannot be verified by the customary employer documentation, MassHealth may accept “other reliable evidence” as verification (i.e., a self-declaration of the earned income, signed by the employee). As this alternative form of documentation does not have to be notarized, an earnings affidavit is not required. (See 130 CMR 506.005.)

**MassHealth “Coverage” vs. UCP “Reimbursement”**

The way benefits are provided under UCP is different from how benefits are provided in the “MassHealth world.” In MassHealth, we consider the member as being “covered” for services. But under UCP, we consider the UCP provider as being “reimbursed” from the state’s Uncompensated Care Trust Fund for services rendered to the UCP-eligible individual. The UCP reimbursement process requires the UCP-eligible individual to take the following additional “step.” After being determined eligible for UCP, the UCP-eligible individual must contact the UCP provider where services are received to find out if the provider can receive the reimbursement. UCP eligibility may be established whether or not the UCP-eligible individual is currently receiving the service.

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**UCP Requirements –  
Brief Overview of  
Eligibility and  
Related UCP  
Processing  
Information**  
(cont.)

It should be noted, however, that MassHealth's determination of approval for UCP benefits does not confer upon the UCP-eligible individual assurance that the provider will actually render the requested (nonemergency) UCP-permissible service to the individual with the cost being assumed by the provider's UCP funds. The provider may choose to exercise its option to restrict or deny the service to the individual. This is because, due to fiscal constraints, DHCFP may limit a provider's available payment from the UC Trust Fund for low-income patients, and thus limit the provider's reimbursement for services. (See 114.6 CMR 11.00 et seq.)

**Reviews and Changes**

Persons approved for UCP are responsible to report any changes to the MassHealth Enrollment Center (MEC) within 10 days, as is required for MassHealth members. These changes may affect MassHealth or UCP eligibility, and include, but are not limited to, changes in residence, income, disability, health insurance coverage, and immigration status. MassHealth is responsible for performing eligibility reviews and maintenance activities (including profiling and matching activities) to update eligibility status for UCP-eligible individuals. Resulting changes may cause the UCP-eligible individual to:

- remain eligible for UCP at the same UCP benefit level;
- have UCP benefits increased or decreased due to incurring, changing, or removing a UCP annual deductible;
- become eligible for MassHealth with UCP “wrap” coverage;
- become eligible for MassHealth and lose UCP eligibility; or
- become ineligible for UCP and also be ineligible for MassHealth.

**With each change entered into MA21 for a UCP-eligible individual, MA21 will perform an eligibility determination for MassHealth before any UCP determination can be made. When applicable, MA21 will generate the appropriate notice if there is a change in benefits.**

**Systems  
Implications –  
MA21, MMIS, and  
REVS Changes**

**MA21**

MA21 screens have been updated, and logic has been installed to determine eligibility for UCP if all needed verifications have been provided.

- MA21 performs an eligibility determination for potential MassHealth eligibility (including CMSP and HSP) before any UCP eligibility determination.
- In DDU-pend cases, (where MassHealth eligibility has yet to be determined), if all verifications have been provided, and income is at or below 400% FPL, MA21 will determine that a UCP benefit is available.

**Systems  
Implications –  
MA21, MMIS, and  
REVS Changes**  
(*cont.*)

**Ineligibility for UCP as determined by MA21**

MA21 will determine that UCP benefits are not available in the following situations.

- Persons who are ineligible for MassHealth because of family income greater than 400% FPL.
- Persons who are in DDU-pend status, and:
  - have family income greater than 400% FPL; or
  - have not submitted all required verifications.
- Persons who are ineligible for MassHealth because of the following MassHealth denial or termination action reasons (AR): 31, 38, 39, 40, 41, 42, 45, 46, 48, 49, 50, 58, 70, and 80. (See page 14 of this memo for descriptions of these ARs.)

MA21 will not make a UCP eligibility decision in situations where AR33 is used.

**Eligibility for UCP as determined by MA21**

Persons who are ineligible for MassHealth due to any other MA21 denial or termination action reason are eligible for UCP if income is less than or equal to 400% FPL and all needed verifications have been submitted.

**MA21 Benefit Codes (on the MA21 Display Determination Screen) and  
MMIS Codes (on the MMIS Recipient Eligibility Screen)**

Full UCP

- MA21 Benefit Code: UC
- MMIS Aid Category Code: AQ

Partial UCP (UCP annual deductible)

- MA21 Benefit code: UP
- MMIS Aid Category Code: AP

Please note: If the MassHealth, CMSP, or HSP member, or EAEDC medical-only recipient also has UCP “wrap” coverage, the UCP eligibility information will not appear on MA21, MMIS, or REVS. (UCP providers,

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**Systems  
Implications –  
MA21, MMIS, and  
REVS Changes  
(cont.)**

however, are aware of how to access UCP eligibility information for MassHealth members and EAEDC medical-only recipients.)

**Viewing UCP Information on MA21 Screens**

MA21 screens have been modified to accommodate the need to view certain UCP information. There are several new UCP data fields, and some existing MA21 fields have been expanded, renamed, and/or relocated onto other screen panels to accommodate the new UCP data fields. (*Details of the new MA21 UCP screen information are available through the Training Unit.*) In brief, the new MA21 fields provide the following UCP data.

- The UCP annual deductible amount (on the “Household Determination Result” screen and on the “Eligibility Result for an Individual” screen).
- The “Passed Income Test” indicator – for UCP Full and UCP Partial benefits (on the “Household Determination Result” screen and on the “Eligibility Result for an Individual” screen).
- The “Receiving UCP” indicator (on the “Eligibility Result for an Individual” screen).

**Additional Changes to MA21 Screens Unrelated to UCP**

To accommodate the additional UCP data fields, the following changes were made to the “Household Determination Result” screen and to the “Eligibility Result for an Individual” screen. These changes, however, are not directly related to providing UCP information.

- The “Has Chd” and “Family Group” indicators, and the “QI” and “SVES Resp” indicators – indicators have been relocated within their respective screens
- “Preliminary” field – an action reason (AR) indicator has been added to this field

**REVS and the MassHealth Card**

**UCP-Eligible Individuals Who Are Not Concurrently MassHealth,  
(Including CMSP and HSP) Members or EAEDC Medical-Only  
Recipients**

UCP-eligible individuals will NOT be issued any type of medical card for UCP eligibility. UCP providers are aware of the methods to use to access eligibility information when a MassHealth card or REVS information is not available. UCP-eligible individuals are responsible for advising and updating UCP providers of their UCP eligibility status.

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**Systems  
Implications –  
MA21, MMIS, and  
REVS Changes**  
(cont.)

UCP eligibility information regarding determinations made through DHCFP is not available on REVS because the applications are not processed through MA21. However, UCP applications made via the MBR or the VG process are submitted through MA21; therefore, the results of these eligibility determinations will be available on REVS.

**Former MassHealth Members Who Become UCP-Eligible Individuals**

The following information is added in the event the MEC receives inquiries from UCP-eligible individuals about whether or not to use their previously issued MassHealth card. The MassHealth card of a former MassHealth member who becomes UCP eligible will be updated by REVS to reflect UCP eligibility only if the application had been processed through MA21. However, UCP-eligible individuals should be advised not to use their MassHealth card for the following reasons: (1) not all previously issued MassHealth cards will be updated with UCP eligibility information; and (2) having UCP eligibility information on the MassHealth card may inadvertently convey to the cardholder that UCP is a MassHealth program, which is not accurate.

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**MA21 Systems  
Noticing**

**The New MA21 Dual Eligibility Determination Message Notice**

Unlike all other MA21 notices to date, MA21 UCP eligibility notices will have a **dual eligibility determination message within the single notice**. Each UCP eligibility determination notice will include an accompanying MassHealth denial or termination eligibility determination.

**Note:** Although each UCP eligibility determination notice includes an accompanying MassHealth eligibility determination, NOT all MassHealth eligibility determination notices include an accompanying UCP eligibility determination. A UCP-eligible individual who becomes eligible for MassHealth benefits will receive the customary MassHealth approval notice with no UCP language included in it. Upon MassHealth eligibility, UCP wrap coverage will be provided (if otherwise UCP eligible) without further UCP written notice.

The beginning portion of the “dual” notice will always provide the MassHealth decision information, which for MassHealth may indicate a CommonHealth deductible decision. (See the section, “Two Deductibles,” on page 11 of this memo.) The MassHealth section of the notice also includes the customary MassHealth-related information including MassHealth appeal language. The MassHealth section will be

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**MA21 Systems  
Noticing**  
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followed by a “break” in the notice, which identifies the second section as the Uncompensated Care portion of the notice.

The Uncompensated Care section of the notice will include (but will not be limited to) the following information.

- The UCP eligibility determination
  - (1) For UCP approvals.** The benefit type for UCP approvals will indicate “Uncompensated Care” but will not further identify the UCP benefit as “full” or “partial” benefits. The following information is also provided for UCP-eligible individuals.
    - If eligible for partial UCP, the individual is advised of the UCP annual deductible amount, which is calculated according to DHCFP rules.
    - Instructions for the individual to contact the provider to find out if the provider can receive reimbursement for the services.
    - Instructions for the individual to contact the provider if the notice indicates a UCP annual deductible.
    - Instructions for the individual to advise MassHealth (the MEC) within 10 days of any changes.
  - (2) For UCP denials or terminations.** There is no language in the UCP portion of the UCP denial or termination notice specifically indicating that the individual is “not eligible” for UCP benefits. DHCFP mandates that UCP ineligibility information be transmitted to the individual using language advising that the provider will not be able to receive reimbursement from the state’s uncompensated care pool for the services. Similar to the MassHealth termination notice, the UCP termination notice also displays the prospective date of the termination of the individual’s UCP benefits.
- Instructions for the individual to contact DHCFP All UCP eligibility determination notices include instructions to contact DHCFP at 1-877-910-2100 about UCP grievance issues.

**Two Deductibles**

It should be noted that an individual may receive an MA21 dual eligibility determination message notice advising of the assessment of two different types of deductibles, as indicated below. This may cause some confusion and result in the MEC or DHCFP receiving inquiries

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**MA21 Systems  
Noticing**  
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from UCP-eligible individuals. The following two deductibles are mutually exclusive and each is handled within its own administrative body.

- In the MassHealth section, the individual may be denied or terminated from MassHealth due to a CommonHealth deductible decision (with no change in the customary deductible notice language).
- In the Uncompensated Care section, the individual may be approved for Uncompensated Care benefits (which would be the UCP partial benefit), and assessed a UCP annual deductible.

**Appeal Form on Reverse:** The MA21 “dual” notice will have the customary MassHealth appeal form (for a BOH request for a fair hearing) on the reverse. This form is not used for UCP grievances or UCP medical hardship requests.

**The New DDU- Pend/UCP Approval Notice**

The new MassHealth DDU-pend/UCP approval notice includes an enclosed MassHealth Disability Supplement. The notice is similar to the existing DDU-pend notice that is sent with the disability supplement, but the new notice additionally advises the applicant that he or she has been approved for UCP benefits during the DDU-pend period. The notice is

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**MA21 Systems  
Noticing**  
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sent only to the following applicants whose MassHealth eligibility is pending **due to a reported potential disability, and who have met both of the following conditions.**

- The family income is at or below 400% FPL.
- They have submitted all necessary verifications.

If the above conditions have not been met at the time the disability supplement is sent to the applicant, the customary DDU-pend notice without UCP language in it is sent, and UCP eligibility is not established for the DDU-pend period.

If, however, the applicant had failed to submit needed verifications at the time the DDU-pend notice was generated, but subsequently provides all outstanding verifications while still in DDU-pend status, UCP benefits will be provided, but the new DDU-pend/UCP approval notice will not be generated.

Persons may be approved for either full or partial UCP benefits during the DDU-pend period. If the individual subsequently becomes MassHealth eligible, UCP benefits will be adjusted accordingly without further UCP written notice. If the individual does not become eligible for MassHealth, UCP benefits will continue and an MA21 dual eligibility determination message notice will be generated.

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**MassHealth  
Appeals and UCP  
Grievances**

MassHealth and the BOH will be responsible for requests for fair hearings concerning issues relating to the MassHealth decision only.

DHCFP will be responsible for handling grievance requests regarding any aspect relating to the UCP eligibility determination.

UCP grievance requests received in error by MassHealth or the BOH should be referred to DHCFP at 1-877-910-2100. DHCFP will forward inquiries appropriately within its agency. The DHCFP address for grievances is:

The Massachusetts Division of Health Care Finance and Policy  
Grievances  
2 Boylston Street  
Boston, MA 02116.

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**Description of the  
UCP-Disqualifying  
Action Reasons**

The following provides a description of the MassHealth denial and termination action reasons previously referenced on page eight of this memo.

- 31 - Close reinstatement TMA category AA
  - 33 - Already receiving MassHealth
  - 38 - Voluntary withdrawal
  - 39 - Not applying
  - 40 -- Did not provide the required verifications (except for SSN)
  - 41-- Failure to complete/return info/questionnaire
  - 42 - Did not comply with Lien/ Assignments
  - 45 - Not used as of 9-9-98
  - 46 -- Entered a penal institution
  - 48 - Not a resident of MA
  - 49 - Death
  - 50 - Whereabouts unknown
  - 58 - Did not cooperate with Quality Control
  - 70 - Imported into another household
  - 80 - PE benefit 80 closing
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**Sample Notices**

Sample MassHealth/UCP dual eligibility determination message notices for the following situations will be posted on the MassHealth Web site.

- #1 – Deny MassHealth and approve Uncompensated Care – Full UCP
  - #2 – Deny MassHealth and approve Uncompensated Care – Partial UCP
  - #3 – DDU pend and approve Uncompensated Care – Partial UCP
  - #4 – Deny MassHealth and deny Uncompensated Care – income over 400 % FPL
  - #5 – Deny MassHealth due to CommonHealth deductible and approve Uncompensated Care – Partial UCP (with UCP annual deductible)
  - #6 – Terminate MassHealth and deny Uncompensated Care – other than income reasons
  - #7 – Terminate Uncompensated Care and deny MassHealth
- 

**Questions**

Questions about DHCFP-related information in this memo should be directed to the DHCFP at 1-877-910-2100.

Questions about MassHealth-related information in this memo should be directed to the MassHealth Policy Hotline through your office designee.

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REVERE OFFICE  
300 OCEAN AVENUE, SUITE 4000  
REVERE MA 02151-3675

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



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Tel: (800) 322-1448  
TTY: (888) 665-9997  
Fax: (781) 485-3400

550/DENY  
BILLY BINGO  
250 RED STREET  
BOSTON MA 02136-0000

Date: 09/28/2004 Notice: 1330670 SSN: 550-03-0035

Dear BILLY BINGO

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN
BINGO, BILLY	550-03-0035

**Reason and Manual Citation**

You do not work for a small business; your family's income is too high to get MassHealth Standard or you do not meet MassHealth Standard rules for the cervical or breast cancer treatment program; and you do not meet Division disability rules. 130 CMR 505.005 505.002 501.001

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

MassHealth has determined that the Massachusetts hospital or community health center that the individual(s) listed below go to may be able to receive reimbursement from the State for some services the hospital or community health center provides to them. (114.6 CMR 12.00 et seq).

Name	Coverage	Family	Benefit
SSN	Type	Deductible	Effective Date
BINGO, BILLY	Uncompensated	n/a	10/01/2004
550-03-0035	Care		

Please contact your hospital or community health center to find out if they will be able to receive reimbursement for services.

continued...



You must cooperate with all MassHealth requests and notify MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will allow MassHealth to determine the most complete coverage you qualify for.

If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.



TAUNTON OFFICE  
21 SPRING ST, SUITE 4  
TAUNTON MA 02780-3400

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



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Tel: (800) 242-1340  
TTY: (888) 665-9997  
Fax: (508) 828-4611

570/DENY  
DAVID POLAKOWSKI  
5 SURREY LANE  
SOUTHBRIDGE MA 01550-0000

Date: 09/28/2004

Notice: 1330675

SSN: 550-50-1234

Dear DAVID POLAKOWSKI

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN
POLAKOWSKI, DAVID	550-50-1234

**Reason and Manual Citation**

Your family's income is over 200% of the federal poverty level; you do not meet Division disability rules; and you do not meet MassHealth Standard rules for the cervical or breast cancer treatment program. 130 CMR 506.007 501.001

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

MassHealth has determined that the Massachusetts hospital or community health center that the individual(s) listed below go to may be able to receive reimbursement from the State for some services the hospital or community health center provides to them. (114.6 CMR 12.00 et seq).

Name	Coverage	Family	Benefit
SSN	Type	Deductible	Effective Date
POLAKOWSKI, DAVID	Uncompensated	\$6,950.40	10/01/2004
550-50-1234	Care		

For the provider to receive reimbursement, your family may have to meet an annual deductible if listed above. This is based on your family's income. (114.6 CMR 12.00 et seq).

continued...

Please contact your hospital or community health center to find out if they will be able to receive reimbursement for services.

You must cooperate with all MassHealth requests and notify MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will allow MassHealth to determine the most complete coverage you qualify for.

If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.

SPRINGFIELD OFFICE  
333 BRIDGE STREET  
SPRINGFIELD, MA 01103-1419

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



3

520/SUPPLEMENT  
DENY DDU  
425 MAIN ST  
STURBRIDGE MA 01566-0000

Date: 09/28/2004  
SSN: 400-40-4000

For: DDU, DENY

Please fill out the enclosed Disability Supplement and send it back to us within 60 days from the date shown at the top of this letter. Please be sure to sign all medical releases. Send the completed Disability Supplement and the signed medical releases to:

SPRINGFIELD OFFICE  
333 BRIDGE STREET  
SPRINGFIELD, MA 01103-1419

If you do not return the form to us within 60 days from the date shown at the top of this letter, we will not consider you to be disabled. This means we will determine your eligibility as if you are not disabled.

If you have questions, or need an interpreter or translation help to fill out your Disability Supplement, please call the Disability Evaluation Services (DES) Hotline at 1-888-497-9890 (TTY 1-800-439-2370 for the deaf and hard of hearing).

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

MassHealth has determined that the Massachusetts hospital or community health center that the individual(s) listed below go to may be able to receive reimbursement from the State for some services the hospital or community health center provides to them. (114.6 CMR 12.00 et seq).

Name	Coverage	Family	Benefit
SSN	Type	Deductible	Effective Date
DDU, DENY	Uncompensated	\$14.40	10/01/2004
400-40-4000	Care		

For the provider to receive reimbursement, your family may have to meet an annual deductible if listed above. This is based on your family's income. (114.6 CMR 12.00 et seq).

continued...



Please contact your hospital or community health center to find out if they will be able to receive reimbursement for services.

You must cooperate with all MassHealth requests and notify MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will allow MassHealth to determine the most complete coverage you qualify for.

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DISABILITY SUPPLEMENT INFORMATION ENCLOSED:

DIB/SUP/COVER/5/24/2002

TAUNTON OFFICE  
21 SPRING ST, SUITE 4  
TAUNTON MA 02780-3400

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



4

Tel: (800) 242-1340  
TTY: (888) 665-9997  
Fax: (508) 828-4611

570/DENY  
UCP DENY  
5 SURREY LANE  
SOUTHBRIDGE MA 01550-0000

Date: 09/20/2004

Notice: 1330068

SSN: 550-50-7575

Dear UCP DENY

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN
DENY, UCP	550-50-7575

**Reason and Manual Citation**

Your family's income is over 200% of the federal poverty level; you do not meet Division disability rules; and you do not meet MassHealth Standard rules for the cervical or breast cancer treatment program. 130 CMR 506.007 501.001

The MassHealth booklet describes the rules for MassHealth. It explains why members of your family are not eligible. It describes the income standards and other rules for MassHealth.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

We have also determined that the Massachusetts hospital or community health center that provides services to the individual(s) listed below will not be able to receive reimbursement for those services from the State's Uncompensated Care Pool because your family's income is over 400% of the federal poverty level. (114.6 CMR 12.00 et seq). Please call 1-877-910-2100 if you have any questions about this Uncompensated Care decision.

Name	SSN
DENY, UCP	550-50-7575

continued...

If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.



TAUNTON OFFICE  
21 SPRING ST, SUITE 4  
TAUNTON MA 02780-3400

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



5

Tel: (800) 242-1340  
TTY: (888) 665-9997  
Fax: (508) 828-4611

570/DENY  
UCP DENY  
5 SURREY LANE  
SOUTHBRIDGE MA 01550-0000

Date: 09/28/2004

Notice: 1330679

SSN: 550-50-7578

Dear UCP DENY

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN
DENY, UCP	550-50-7578

**Reason and Manual Citation**

Your family's income is too high to get MassHealth Standard or your immigration status does not meet the rules for MassHealth Standard. Your family has a deductible of \$7,224 for MassHealth Commonwealth. The deductible period is 10/01/2004 to 04/02/2005. 130 CMR 505.002 506.009 504.002

If you have a deductible, you may be able to get MassHealth Commonwealth coverage if you send us bills for medical services you got before or during the deductible period. The bills may be for you or your family members and must add up to or be more than the deductible amount listed above. The MassHealth booklet describes how we decide your deductible and how you can meet it.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

MassHealth has determined that the Massachusetts hospital or community health center that the individual(s) listed below go to may be able to receive reimbursement from the State for some services the hospital or community health center provides to them. (114.6 CMR 12.00 et seq).

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Name SSN	Coverage Type	Family Deductible	Benefit Effective Date
DENY, UCP 550-50-7578	Uncompensated Care	\$931.20	10/01/2004

For the provider to receive reimbursement, your family may have to meet an annual deductible if listed above. This is based on your family's income. (114.6 CMR 12.00 et seq).

Please contact your hospital or community health center to find out if they will be able to receive reimbursement for services.

You must cooperate with all MassHealth requests and notify MassHealth about certain changes within 10 days or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, address, and immigration status. This will allow MassHealth to determine the most complete coverage you qualify for.

If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.



TAUNTON OFFICE  
21 SPRING ST, SUITE 4  
TAUNTON MA 02780-3400

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



6

Tel: (800) 242-1340  
TTY: (888) 665-9997  
Fax: (508) 828-4611

570/TERM  
UCP TERM  
5 SURREY LANE  
SOUTHBRIDGE MA 01550-0000

Date: 09/28/2004

Notice: 1330682

SSN: 550-50-7590

Dear UCP TERM

The Division of Medical Assistance is ending coverage for the following members who had been receiving MassHealth benefits. The coverage will end only for family members listed below.

Name	SSN	Coverage End Date
TERM, UCP	550-50-7590	10/12/2004

**Reason and Manual Citation**

You are not a resident of Massachusetts. 130 CMR 503.002

The MassHealth booklet describes the rules for MassHealth. It explains why members of your family are not eligible. It describes the income standards and other rules for MassHealth.

You will be getting a statement in the mail called a "Certificate of Creditable Coverage". You should show this certificate to any health insurer you purchase health insurance from for you and your family. This certificate will show that you had been on MassHealth in the past, and may reduce or waive any future coverage-waiting period.

If you have any questions about this certificate, please contact a MassHealth Enrollment Center.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

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\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

We have also determined that the Massachusetts hospital or community health center that provides services to the individual(s) listed below will not be able to receive reimbursement for those services from the States's Uncompensated Care Pool. (114.6 CMR 12.00 et seq). Please call 1-877-910-2100 if you have any questions about this Uncompensated Care decision.

Name	SSN
TERM, UCP	550-50-7590
Reason and Manual Citation	
You are not a resident of Massachusetts. 130 CMR 503.002	

If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.



REVERE OFFICE  
300 OCEAN AVENUE, SUITE 4000  
REVERE MA 02151-3675

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



7

Tel: (800) 322-1448  
TTY: (888) 665-9997  
Fax: (781) 485-3400

550/DENY  
BILLY BINGO  
250 RED STREET  
BOSTON MA 02136-0000

Date: 09/28/2004

Notice: 1330659

SSN: 550-03-0035

Dear BILLY BINGO

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name	SSN
BINGO, BILLY	550-03-0035

**Reason and Manual Citation**

Your family's income is over 200% of the federal poverty level; you do not meet Division disability rules; and you do not meet MassHealth Standard rules for the cervical or breast cancer treatment program. 130 CMR 506.007 501.001

The MassHealth booklet describes the rules for MassHealth. It explains why members of your family are not eligible. It describes the income standards and other rules for MassHealth.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the other side of this notice.

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

We have also determined that the Massachusetts hospital or community health center that provides services to the individual(s) listed below will no longer be able to receive reimbursement for those services from the State's Uncompensated Care Pool because your family's income is over 400% of the federal poverty level. (114.6 CMR 12.00 et seq). Please call 1-877-910-2100 if you have any questions about this Uncompensated Care decision.

Name	SSN	Coverage End Date
BINGO, BILLY	550-03-0035	10/12/2004

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If you have questions regarding this Uncompensated Care determination, please call the number at the top of this notice. If you disagree with this Uncompensated Care determination and want to file a Grievance, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you may call them at 1-877-910-2100.